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000570 7590 04/11/2006

AKIN GUMP STRAUSS HAUER & FELD L.L.P.
 ONE COMMERCE SQUARE
 2005 MARKET STREET, SUITE 2200
 PHILADELPHIA, PA 19103



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<i>Donna Marks</i>	(Depositor's name)
<i>Donna Marks</i>	(Signature)
<i>June 27, 2006</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/882,005	06/15/2001	Shuo-Yen Robert Li		LL17 681954-116 8906

TITLE OF INVENTION: GENERAL SELF-ROUTING CONTROL MECHANISM OVER BIT-PERMUTING SWITCHING NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/11/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
MOORE, IAN N	2616		370-389000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *Akin Gump*
 2 *Strauss Hauer*
 3 *& Feld, LLP*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Industrial Technology Research Institute

Hsinchu, Taiwan, R.O.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1017 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. 07/05/2006 HTECKL12 08200707F89187002

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Authorized Signature Louis Sickles II

Typed or printed name Louis Sickles II

Date June 27, 2006

Registration No. 45,803

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